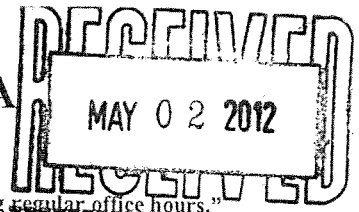


SUPREME COURT OF PENNSYLVANIA

STATEMENT OF FINANCIAL INTEREST

Judicial Officers



"All Statements of Financial Interest filed shall be made available for public inspection and copying during regular office hours."
In Re: Financial Disclosure and Reporting Requirements for Judicial Officers, No. 47 Jud. Admin. Docket No. 1 (April 13, 1984).

Part A

INSTRUCTIONS: Complete entire form. Please type or print. Attach additional 8 1/2" x 11" sheets if necessary and indicate each item by number.

1 Last Name DOUGHERTY	First Name KEVIN	Middle Initial M.	2 County Name (OFFICE ONLY) PHILADELPHIA
3 Street Address (OFFICE ONLY) 1801 VINE STREET, ROOM 314			
4 City PHILADELPHIA	State PA	Zip Code 19103	Telephone (OFFICE ONLY) (215) 686-7971

5 Judicial Officers			
Supreme	<input type="checkbox"/>	Phila. Municipal Court	<input type="checkbox"/>
Superior	<input type="checkbox"/>	Phila. Traffic Court	<input type="checkbox"/>
Commonwealth	<input type="checkbox"/>	Magisterial District Judge	<input type="checkbox"/>
Common Pleas	<input checked="" type="checkbox"/>		
			Judicial Dist. No. 1ST
			Magisterial Dist. No.

REMEMBER: Items 6 through 14 – All information concerns the PRIOR Calendar YEAR. NO DOLLAR AMOUNTS are required except in items 9 and 10. If answer is NONE, check the box in the correct block. Information must be included for spouse and dependent children. REFER TO INSTRUCTIONS.

6 REAL ESTATE INTERESTS (refer to instructions): IF NONE, check this box. ☒

7 CREDITORS: IF NONE, check this box. ☐

Creditor	Address	Interest Rate
ATTACHED		

8 DIRECT AND INDIRECT SOURCES OF INCOME (including, but not limited to, employers such as the Commonwealth of Pennsylvania): IF NONE, check this box. ☐

Name Commonwealth of Pennsylvania	Address Harrisburg, PA
ATTACHED	

9 GIFTS: IF NONE, check this box. ☒

Source of Gift	Address of Source of Gift	
Value of Gift	Reason for Gift	

10 TRANSPORTATION, LODGING, HOSPITALITY (refer to instructions): IF NONE, check this box. ☒

Source (Name and Address)	Value
---------------------------	-------

11 HONORARIA: IF NONE, check this box. ☒

12 OFFICE OR DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS: IF NONE, check this box. ☒

Business Entity	Position Held
-----------------	---------------

13 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT: IF NONE, check this box. ☒

Name and Address of Business	Interest Held
------------------------------	---------------

14 BUSINESS INTEREST TRANSFERRED TO IMMEDIATE FAMILY MEMBER: IF NONE, check this box. ☒

Business (Name and Address):	Interest Held:
Transferee (Name and Address):	Relationship:
Date Transferred:	

This form must be SIGNED AND DATED and contain your NAME in order to be accepted.

Information represents disclosure for the calendar year 20 **11**.

*Signature: *Kevin M Dougherty*

Date: **AMENDED**
May 1, 2012

7. *CREDITORS:*

FORD MOTOR CREDIT CO. P.O. BOX 3076, COLUMBIA, MD 21045 0% Interest

8. *SOURCE OF INCOME:*

COMMONWEALTH OF PA
LIFESTYLEMOVES BENEFITS INC.

HARRISBURG, PA
HUNTINGDON VALLEY, PA